

DECLARATION FOR PATENT APPLICATION

Docket Number (optional) 16NM99181

a below named inventor, I hereby declare that:

residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention AIR FEED DEVICE, SIGNAL
QUISITION DEVICE AND IMAGING DEVICE, the specification of which is attached hereto unless the following box is checked:

was filed on _____ as United States Application Number or PCT International Application

Number PCT/US01/03301 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

or Foreign Application(s)

000-27652

(Number)

JAPAN

(Country)

04/02/2000

(Day /Month/Year Filed)

Priority Claimed

X Yes ☐ No☐ Yes ☐ No

(Number)

(Country)

(Day /Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

1 Provisional Application Number _____ (Filing Date) _____

2 Provisional Application Number _____ (Filing Date) _____

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or international filing date of this application.

3 Provisional Application Number _____ (Filing Date) _____ (Status: ☐ patented, ☐ pending, ☐ abandoned)

4 Provisional Application Number _____ (Filing Date) _____ (Status: ☐ patented, ☐ pending, ☐ abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Christian G. Cabou (Reg. 35,467) and Phyllis Y. Price (Reg. No. 24,244) both of GE Medical Systems and Ronald E. Myrick (Reg. No. 26,315), Henry J. Policinski (Reg. No. 26,621) and Jay L. Chaskin (Reg. No. 24,030) all of General Electric Company.

I address all telephone calls to Jay L. Chaskin at telephone number 203-373-3289I address all correspondence to Jay L. Chaskin; General Electric Company; 3135 Easton Turnpike; (W3C); Fairfield, CT 06431

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I, Koji KanI, the name of sole or first inventor (given name, family name) Koji KanInventor's signature Koji KanDate Jan. 25, 2001Residence Tokyo, JapanCitizenship JAPANPost Office Address 7-127, Asahigaoka 4-chome, Hino-shi, Tokyo 191-8503, JAPAN

I, the name of sole or second inventor (given name, family name) _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

Additional inventors are being named on separately numbered sheets attached hereto.